

MLTSS Stakeholder Advisory Committee

December 11, 2014



Welcome

- Opening Remarks, *Courtney Phillips, Deputy Secretary*
- OCDD Update, *Mark Thomas, Assistant Secretary*
- OAAS Update, *Robin Wagner, Deputy Assistant Secretary*

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OMBUDSMAN PROGRAM

Linda Sadden, Program Manager OAAS

Ombudsman Program for MLTSS Members

- Third party ombudsman program
- Independent of CLOP and LTC Ombudsman Programs
- Intent is to contract with a single entity to serve OCDD and OAAS populations

Procurement Strategy

- Exploring SHIP's interest and capacity
- Plan B: Pursue smaller, time limited contract(s) until a RFP is let

About SHIP

- “The Senior Health Insurance Information Program helps Medicare beneficiaries better understand their Medicare coverage options and benefits.”
- Housed in the Department of Insurance
- Federally funded

Primary Services

- Assist with understanding benefits under the MCO
- Assist with complaints and concerns about the MCO
- Assist with enrollment decisions
- Assist with hearing process, grievance and appeal rights
- Refer unresolved issues or concerns about the MCO to DHH

Organizational Capacity

- TDYY equipped or otherwise capable of communicating with individuals who use assistive technologies
- Maintain a registered website and a secure email system
- Maintain a telephone messaging system with rollover into messaging during peak intake times or after-hours
- Have access to interpreters to assist individuals with hearing impairments or whose primary language is not English

Organizational Capacity (cont'd)

Be able to conduct some face-to-face interviews when individuals:

- are unable to communicate by telephone, and
- cannot travel to the entity's office.

Staffing Requirements

- Knowledgeable about:
 - the state's Medicaid programs/ Medicare
 - beneficiary protections and rights under Medicaid managed care arrangements
 - health and support needs of persons with complex needs, including those with a chronic condition, disability, and cognitive or behavioral needs; and

Staffing Requirements (cont'd)

Have sufficient staff:

- To accept calls for a ten to twelve hour time block on each weekday and six to eight hours on weekends.
- To respond to all telephone calls by the next business day.
- To initiate work on concerns or complaints within two working days.

Record Keeping/Reporting

- Number of contacts by caller type and geographic location
- Contact methods (email, phone, in-office visit, face-to-face meetings)
- Type of assistance requested, including the name of the health plan involved, if any
- Time for initial calls to be returned
- Time required from initial request to resolution of issues for problems or concerns
- Outcomes

Ombudsman Program

Questions and Comments

Scheduled Break



TRANSITION PLANS

Amy Bamburg, Program Manager OCDD

Mandi Carter, Program Manager OAAS

Transition Plans

- MLTSS implementation requires a number of transitions, whether administrative or service-related
- Today we would like to discuss plans for service-related transitions, with a focus on continuity of care

OAAS Recipients with I/DD Diagnosis

- OAAS recipients with I/DD diagnosis will be enrolled into OCDD managed care plan upon implementation, Approximately:
 - 240 Waiver participants
 - 627 LTPCS participants
 - 578 Nursing Facility residents

OAAS Recipients with I/DD Diagnosis

- CCW & ADHC recipients with I/DD diagnosis will transition to ROW beginning July 1, 2015
- LTPCS recipients with I/DD will continue to receive services as they do now until OCDD MLTSS go live
 - OCDD will prioritize enrollment of LTPCS recipients early in phase-in of MLTSS
 - Plans of Care and Service Authorization will remain with Xerox until OCDD MLTSS go live

OAAS Recipients with I/DD Diagnosis

- Nursing Facility residents with I/DD diagnosis will continue to receive services as they do now and be enrolled in OCDD MLTSS upon go live
- New nursing facility admission requests for individuals with I/DD will continue to follow the existing process, including PASRR II

OAAS Recipients with I/DD Diagnosis

Important items of note regarding continuity:

- CCW and ADHC transitions
 - Plans of care will be shared with OCDD to enable transition to ROW services
 - If the CCW or ADHC provider is not currently enrolled in ROW, OCDD will reach out to the provider and facilitate enrollment so recipients do not have to change providers

MLTSS Members Using LBHP

- LBHP members eligible for the OAAS MLTSS program will be transitioned out of LBHP October 2015 and receive all behavioral health services from the OAAS MLTSS plan
 - Enrollment Broker will provide assistance in choosing a plan and have MCO's provider network information
 - No change in service menu
 - Existing prior authorized services will be maintained by the MCO until the MLTSS service plan is developed and approved
- With the pending integration of behavioral health into Bayou Health, the Department is reviewing opportunities for transition for OCDD MLTSS eligible members

Transition from Bayou Health & FFS

- Individuals eligible for MLTSS will be transitioned from Bayou Health and/or FFS upon go live
 - Enrollment Broker will provide assistance in choosing a plan and will have MCO's provider network information
 - No change in service menu
 - Existing prior authorized services will be maintained by the MCO until the MLTSS service plan is developed and approved
 - Planning timelines vary by service type in I/DD

Important Note Regarding Continuity

If any person self identifies that they are on a waiting list to access services with any provider, the enrollment counseling process will discuss the process for obtaining services.

Advisory Input

Our goal is as little interruption in service as possible and to maintain continuity of the provider whenever possible.

What ideas does the Advisory committee have that may support this outcome?

Are there opportunities for your organization partnering with DHH to support MLTSS transition?

Scheduled Break



MANAGED CARE FINANCE

Jen Steele, Medicaid Deputy Director and CFO
Robert Butler and Adam Sery, Mercer consultants

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PLANNING AND ASSESSMENT PROCESS

Brandi Kelly, Ph.D., OCDD Clinical Director

Planning and Assessment Process

The principles of the Guidelines for Planning system that allow for the entire planning process to input into the final resource allocation determination will be carried over

- Applies across all people within 1115
- Details of planning and what is paid via an 1115 service option may vary

Planning and Assessment Process

- Focus will be broader than a service option/package
 - other existing local and state programs/options
 - community connections and options
- Integrate medical and behavioral health needs into planning

Planning and Assessment Process

- Early Intervention/ EarlySteps planning processes and program components must be met and adhered to

Planning and Assessment Process

Goal is to have a single integrated plan

- Definitely will i.d. core components of the plan and require automation by MCO
- Will have modules for certain groups as needed (i.e., ES, ICF, etc.) when specific regulations must be addressed and may not apply across all individuals
- Will look at link to existing EHRs to integrate professional details
- Goal is to have accessibility for providers and not require an additional provider plan of care, per se

Planning and Assessment Process

We are building needs based assessment and our resource allocation system assumptions on the SIS/LA PLUS at this point.

- We will have to complete a valid sample of SIS/LA PLUS assessments within the next few months to build resource allocation assumptions across the entire plan matrix.
- Within MLTSS, the assessment is conducted outside of the MCO

Planning and Assessment Process

- Comprehensive resource allocation will involve:
 - Including evaluation of the comprehensive plan in medical necessity requests. We will not alter the medical necessity processes, only include the plan as a mandatory component of the review. We can talk about why this is important for better integration and coordination of care and why we think this will lead to better outcomes.
 - Using level of need determination to guide access points for more comprehensive and intensive services. This includes 24 hour supports options in HCBS and ICF/DD.

Planning and Assessment Process

- As with the current resource allocation system, the assessment is the initial point of determination and recommendation regarding access of certain types and amounts of services.
- All information will be considered in final determinations and an outlier/exception process will continue to exist.

I/DD Workgroup Q & A

Quality- Performance Improvement Projects,
Performance Indicators: **Room 581**

EarlySteps in MLTSS: **Room 776**

Support Coordination in MLTSS: **Room 893**

Scheduled Break

Please make your way to the
workgroup meeting room.

Thank you for attending

- Workgroup discussions from today will be incorporated in the Q&A DHH is developing on the MLTSS web
- Future advisory meetings
 - TBD, Aging Related and Adult Onset Disabilities post RFP release
 - February 5, 2015, time TBD, I/DD MLTSS & 1115 waiver application
 - March 5, 2015, time TBD, I/DD MLTSS & 1115 waiver application